of the Houston valves will be the responsible factor in obstipation of the incomplete evacuation type. Delay and difficulty in expelling enemata is peculiarly symptomatic of this condition, and dysuria and frequency are not infrequently observed. Rectal ulceration has been reported; and arthritic, neuritic and autointoxication symptoms can be due to absorption.

Diagnosis is made with the rectoscope or proctoscope, the patient being in the knee-chest position, or inverted on a Haynes' table. Gant states that obstinate obstipation of this type cannot be cured by bougies and massage, and contends that when the valves are markedly hypertrophied nothing short of their division will effect a cure. Gant and Pennington have devised metal clips for the division by pressure. Hirschman advocates their division by a rubber ligature, the necessary pressure being maintained by a perforated or split shot.

Martin first suggested valvotomy by division of the valve, suturing the incision transversely, and packing the rectum. Complete excision of the hypertrophied part of the valve, with suturing of the edges, omitting the rectal packing, more thoroughly relieves the obstruction, and makes convalescence shorter and easier. In some instances valvotomy is followed by an immediate cure, in others an atonic colon must be restored to normal before the cure is complete.

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Dermatology and Syphilology

Electrothermic Methods in the Treatment of Cutaneous Neoplasms—Electrothermic methods for removing benign and malignant new growths of the skin are becoming deservedly popular with dermatologists.

Benign growths such as papillomas, warts, small angiomas, and small moles can best be removed with electrodessication (fulguration) after cocaining the base. This method is also applicable to the very small superficial basal cell epitheliomas. Telangiectases can be removed with a very fine spark with results equally as good as when the electric needle is used.

When the growth is definitely malignant it is generally safer to employ surgical diathermy (bipolar electrocoagulation). This applies to squamous cell epitheliomas of the skin and lip. Also to basal cell epitheliomas (except the very small ones which can be removed by electrodesiccation). Wide coagulation of the highly malignant melanocarcinomas and melanosarcomas of the skin is preferable to surgery. The potentially malignant keratoses of radiologists can be removed with electrodesiccation with greater safety and surety than with radium. Among the rarer lesions which can be destroyed by electrocoagulation can be mentioned small patches of lupus vulgaris, tuberculosis cutis, and the malignant tumors of xeroderma pigmentosum.

The new modality, the high frequency knife or "radio knife" is of great value in dermatologic surgery. Skin incisions made with this knife are comparatively bloodless, all capillaries and small vessels being sealed by the spark. Large vessels must be coagulated or ligated. The sealing of the lymphatics reduces the chances of metastasis. Incisions made with this knife heal by first intention.

In brief, these three modalities are extremely valuable additions to the armamentarium of the dermatologic surgeon in the warfare against cutaneous malignancies. They rank with but do not displace other well established methods of procedure such as radium, x-ray, surgery, and cautery.

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Urology

The Relationship Between Urology, Ileus and Intestinal Obstruction—This relationship, while perhaps a bit strained, is yet close enough to warrant its brief consideration, for urology touches shoulders with intestinal obstruction in two ways—anatomically and physiologically.

Anatomically, when the direct mechanical cause of the obstruction is due to one of the urinary organs. The kidney is probably the most common offender in this class and hydronephrosis its most frequent pathologic variation. Young states that the mass may cause various gastro-intestinal symptoms, including complete intestinal obstruction. A movable kidney, especially one the seat of tumor, may act in the same way; as may other uncommon conditions. However, this class is chiefly of general surgical interest, for they are only occasionally recognized before operation, and only rarely amenable to urologic treatment even when so recognized.

The physiological group is the more interesting and important. Here the relationship is based upon the fact that in intestinal obstruction the kidney behaves much the same as it does in uremia.

This was clearly shown by McGuarrie and Whipple, in volume 29 of the *Journal of Experimental Medicine,* from which the following is quoted:

> Individuals with intestinal obstruction show a heaping up of all nonprotein nitrogenous substances in the blood. Urea is most conspicuous in this material. The kidney is evidently unable to secrete any of these nitrogenous substances with its normal facility. These substances are being formed with abnormal speed, so there is a great accumulation in the blood and tissue. The kidney in this condition reacts much like the kidney of chronic nephritis, although there is no anatomical injury and the kidney of intestinal obstruction is only temporarily insufficient. With relief of the obstruction and clinical recovery the kidney function